

My SwiffRe Placements | The rifle crespond beautholder

PLACEMENT DETAILS: Facultative Risk	Facultative Risk	The second secon	
Client Name		Status: Orafi	,
Business and Reinsurance Type	e Type		and.
Territorial Scope:	Territorial Scope	Line of Business: Property	
Reinsurance Type:	Facultative Proportional		
General Risk Information Mandatory Input			
Reinsured:		Comment:	
Reinsured			
Name of Risk:"		ZIP/Postal Code:" Location:"	
	EU.		
Original Policy/Reference Number:*	Number:*	Currency:*	
prepopulated previous page	ege .	prepopulate territorial scope	
Main Industry Code/Occupancy:*	pancy.*		
Select	And the same of th		
Sub-Category:*			
Select		•	
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Inception of	Expiration of		
Reinsurance Cover:*	Reinsurance Cover:*	Perils covered:*	
add/mm/yyyy	ddimmyyyy	Fire & Extended Coverage	
		Premium MPL in % of Indemnity	
Ruilding/Contents/			
MachineryStock	amt	29	
Loss of Profits	qays	months	
Total Sum Insured:			
Num. Locations:*	in case of multiple locations, Sum Insured of Top Location:		

Figure 6

My SwiftRe Placements - 25 of "Language, byfappygran

PLACEMENT DETAILS: Facultative Risk	Facultative Risk	4.0		
Client Name				Status: Draft
Errors found: Move	your cursor over the	Errors found: Move your cursor over the ${\mathcal T}$ below to see the detailed error message(s)	ror message(s)	
Business and Reinsurance Type	e Type			
Territorial Scope:	Territorial Scope	ed	Line of Business: Property	- -
Reinsurance Type:	Facultative Proportional	portional		
General Risk Information Mandatory Input				
Reinsured:			Comment:	<i>j</i>
Reinsured				
Name of Risk:*			ZIP/Postal Code:* Location:"	
		EU.		<i>\$</i>
Original Policy/Reference Number:*	Number:*		Currency.*	
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Main Industry Code/Occupancy:	pancy."			
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Reinsurance Cover:*	Reinsurance Cover:	ĸ	Perils covered:	
dd/mm/yyy	dd/mm/yyyy		Fire & Extended Coverage	
		***************************************	Premium MPL in % of	Indermity Doctor
	Sum insured.	Dediction:	******	renou.
Building/Contents/ Machinery/Stock		amt		n/a
Loss of Profits		sáep		I months
Total Sum Insured:				
		1		
Num. Locations:*	in case of multiple locations, Sum insured of Top Location:	callons, Location:		
Designat Country		and the second s		
Authorial Cover		Deductible:"	Sublimit per Event:*	

Figure 7

My SwiffRe - Placements - The loborer and information

Client Name	VCW PATIDITION		*	Status: Draft
Basic Information	palina Ke	Triantites cost 15		
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Territorial Scope:	Territorial Scope	Line		Property
Reinsurance Type:	Facultative Proportional	ortional		
General Risk Information Mandatory Input		and the second s		
Reinsured:			Comment:	
Reinsured				
Name of Risk:"			ZIP/Postal Code:" Location:"	
		EB.		8
Original Policy/Reference Number:*	Number:*		Currency:*	
prepopulated previous page	a6		prepopulate territorial scope	▶
Main Industry Code/Occupancy:*	iancy:"			
Select	•			
Sub-Category.*				
Select			71	
Reinsurance Details (100% figures originally insured)	4 figures originally insure	(pa	The second secon	
Inception of	Expiration of		; ;	
dd/mm/yyy	dd/mm/yyy		Fire & Extended Coverage) a
	Sum Insured:*	Deductible:	MPL in % Premium Rate: of Sum In	MPL in % indemnity of Sum insured:"Period:"
Building/Contents/ Machinery/Stock		amt		r/a
Loss of Profits		qays		months
Total Sum Insured:				
Num, Locations:*	in case of multiple locations, Sum insured of Top Location:	ons, atlon:		

Figure 8

My SwiftRe - Placements - Table Placement Folkers (Constitution)

PLACEMENT DETAILS: Facultative Risk Client Name	Risk		Status: Draft
gasic information	Extended Information		
Additional Information			
Non-Standard Risk Information A. Survey Report/Risk Information:	·	B. Loss History	
## File Name ##	Browse Add	## File Name ##	Browse Add
C. Insurance Conditions/Wordings ## File Name ##		D. Reinsurance Conditions: ## File Name ##	Semore
	Browse Add		Browse Add:
E. Others: ## File Name ##	Яеломе		
Message:	Browse Add		
			4
			7
		Son Back	Save as Diaft Continue

Figure 9

My SwiftRe Placements On a Classor Court office

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	Go Back Save at Dari Continue

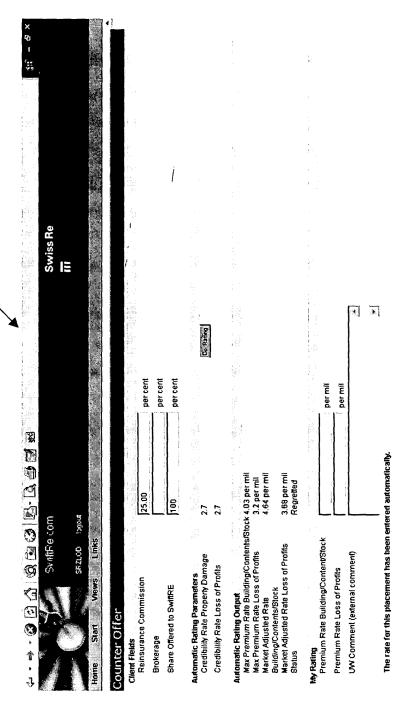
Figure 10

My SwiftRe | Placements | 11 Co. Tour combit Genes form

Client Name		Status: Draft
Basic Information	n is a substitute in the substitute in the substitute is a substitute in the substitute in the substitute is a substitute in the substitute is a substitute in the substitute in the substitute is a substitute in the substitute in the substitute is a substitute in the substitute in the substitute is a substitute in the substitute in the substitute is a substitute in the substitute in the substitute in the substitute is a substitute in the sub	
Business and Reinsurance Type	Total Oxford	I but of Distingues
Petricular Scupe.	1000	
General Risk Information		
Reinsured:		Comment:
Name of Risk:*		ZIP/Postal Code:" Location:"
	EUR	
Original Policy/Reference Number:	e Number:**	Currency.**
Preparation promotes	**************************************	•
Main Industry Code/Occupancy.	upancy	
Sub-Category.	1	
Select		
Reinsurance Details (10	Reinsurance Defails (100% figures originally Insured)	
Reinsurance Cover:*	Reinsurance Cover:*	Perils covered."
dd/mm/ww	dd/mm/yyy	Fire & Extended Coverage
	Sum Insured.* Deductible:	MPL in % Indemnity Premium Rate: of Sum Insured.* Period:*
Building/Contents/ Machinery/Slock	amı	n/a
Loss of Profits	Sap	months
Total Sum Insured:		
Num. Locations:*	In case of muttiple locations, Sum insured of Top Location:	
	-	
Additional Cover	Deductible*	Sublimit ner Event*
		Figure 11
	7 (

Home Start Mews Links	Swits Re Swits Re Swits Re Swits Re Flood : Covered Deductible: USD 50'0000 Sublimit per Event & Ann. Agg.: USD 55'000'000 Sublimit per Event & Ann. Agg.: USD 55'000'000 Sublimit per Event & Ann. Agg.: USD 55'000'000 Beductions Reinsurance Commission: 25.00 %
	Share Reinsurance share (part of written 30.0000 % share) offered to SwiftRe: > General conditions >
Counter Offer Client Fields	
Reinsulance Commission Brokerage Share Offered to SwiftRE	125.00 per cent pe
Automatic Reting Perameters Credibility Rate Property Damage Credibility Rate Loss of Profits	2.7 (2.7)
Automatic Rating Output Max Premium Rate Building/Contents/Block 4.03 per mil	ants/Block 4.03 per mil

Figure 12



<ctco_Underwriter>
<ctco_Warning>
<ctco_Warning>
<ctco_ID>510</tco_ID>
<ctco_ID>510</tco_ID>
<ctco_ID>510</tco_ID>
<ctco_ID>510</tco_ID>
<ctco_Description>Please check the Date of Expiration. Please note, we usually write business for a 12 months period. If the Placement is submitted, it is going to be financially to the Inderwriting Dock for review </rt>

Validation Error

Figure 13

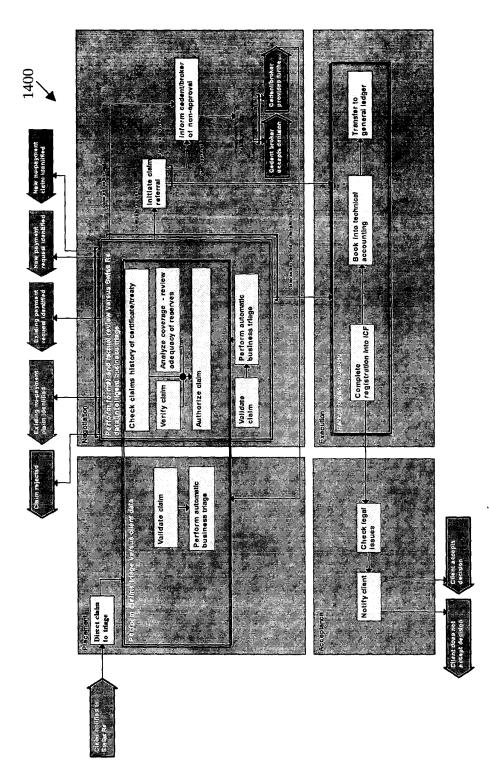


Figure 14

Placement: hypit from Uner Negotidon: hypit from Uner Execution: System Acceptance: hypit from Uner (very little)